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## \*BIBDATASHEET\*

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CONFIRMATION NO. 9011

SERIAL NUMBER 10/790,329	FILING OR 371(c) DATE 03/01/2004 RULE	CLASS 623	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. 4002- 3486/PC746.02
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## APPLICANTS

Kevin T. Foley, Germantown, TN;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a DIV of 10/274,856 10/21/2002

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 05/19/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY TN	SHEETS DRAWING 16	TOTAL CLAIMS 35	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

## ADDRESS

52196

## TITLE

SYSTEMS AND TECHNIQUES FOR RESTORING AND MAINTAINING INTERVERTEBRAL ANATOMY

FILING FEE RECEIVED 1340	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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